

CRITERIA FOR PRIOR AUTHORIZATION

Long-Acting Opioids

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: All long-acting formulations containing any of the following agents at units per day above DUR determined limit (see attached table) require prior authorization:

Buprenorphine (Butrans®)
Fentanyl (Duragesic®)
Hydrocodone (Zohydro ER®, Hysingla ER®)
Hydromorphone (Exalgo®)
Morphine (Kadian ER®, Avinza®, MS Contin®, Oramorph®)
Morphine/Naltrexone (Embeda®)
Oxycodone (OxyContin®)
Oxycodone/Naloxone (Targiniq ER®)
Oxymorphone (Opana ER®)
Tapentadol (Nucynta ER®)
Tramadol (Ultram ER®, Ryzolt®)

CRITERIA for long-acting opioids: (must meet one of the following)

1. The patient has a diagnosis of cancer.
2. The patient is terminally ill.
3. Must meet all of the following:
 - a. The patient has not taken another long-acting opioid (see attached table) in the past 3 months or there is documentation of discontinuation of previous agent.
 - b. The patient does not have a diagnosis of opioid or other substance abuse.
 - c. All narcotic analgesics are written by a single KMAP enrolled prescriber or practice.
 - d. The patient has a signed opioid treatment agreement with the prescriber.
 - e. Prescriber has reviewed the patient's K-TRACS profile. (Information regarding K-TRACS – The Kansas Prescription Drug Monitoring Program, may be found on the Kansas Board of Pharmacy web site)

RENEWAL CRITERIA for long-acting opioids: (must meet all of the following)

1. No more than one early refill attempt in the past 3 months unless there is documentation of dose titration from the prescriber.

LENGTH OF APPROVAL 3 months

Drug Limitations

Generic Name	Brand Name	Limit (units/28 days)
Buprenorphine	Butrans®	10
Fentanyl	Duragesic®	31
Hydrocodone Extended-Release	Hysingla ER®	28
Hydrocodone Extended-Release	Zohydro ER®	56
Hydromorphone Extended-Release	Exalgo®	62
Morphine Controlled-Release	MS Contin®	186
Morphine Extended-Release	Avinza®	62
Morphine Extended-Release	Kadian ER®	124
Morphine Extended-Release/Naltrexone	Embeda®	124
Morphine Sustained-Release	Oramorph®	186
Oxycodone CR	OxyContin®	186
Oxycodone/Naloxone Extended-Release	Targiniq ER®	56
Oxymorphone Extended-Release	Opana ER®	124
Tapentadol Extended-Release	Nucynta ER®	56
Tramadol Extended-Release	Ryzolt®	62
Tramadol Extended-Release	Ultram ER®	62